NOTICE OF FEE DUE

| DATE: | 10 - | -14-04 | | | | |
|---------------------------------------|-------------------------------|--|------------------------------|------------------|---------------------|-----------|
| TO: | Miss | ingfart | | | | |
| FROM: | Office of In | itial Patent Examina | ition | | | |
| SUBJECT: | Fee Due | Filling Fed | 2 | | • | |
| APPLICATIO | N NUMBER | 10/77211 | 14 | | | |
| Office for the authorization | following reato charge a de | d document submitte son. Please check t eposit account. If an orization <u>is not</u> prese | he application authorization | for the appropri | ate se charge th | e icy. |
| Insufficien | t fee by check | | | | | |
| Insufficien | t funds in depo | sit amount | | | | |
| Declined co | redit card | • | | | | |
| Non-author | ization for cha | rge to deposit account | | | | |
| ☐ No fee subr | nitted per requ | irement | | | | |
| The correct fee c | ode: 20 | 0) | amount | s <u> </u> | 5 | |
| The suspended fe | e code: 1999 | | amount | \$ <u>378</u> |) ——— | |
| Fee Due | | | amount | =\$ | · · | |
| If you have any q Eleanor Kurtz 70 | uestions, pleas 3-308-3642 | e contact Cynthia Stre | eater at 703-306 | -5430 or | | • |
| Terminal Operato | r <i>F</i> | avideh | | BEST AVAI | - 11 Ды: С | COO |
| | | | | | | WIP. |